Foster Family Home - Corrective Action Report

Provider ID:

4-160058

Home Name:

Asolelei Laloulu, CNA

Review ID:

4-160058-2

354 Ohaa St.

Reviewer:

Sue Lo

Kahului

HI 96732 Begin Date:

7/28/2017

End Date: 9/13/20 17

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) Home visit made on 7/28/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 8/28/2017

6 (d)(1) see applicable sections of this review.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) Second set of fingerprinting not present in the home for CG#1.

Personnel and Staffing

[17-1454-41]

41.(b)(7)

Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) Last TB clearance done on 6/3/2015 and no current TB clearance present in the home for CG#2.

41.(b)(8) Last CPR/First Aid done on 11/26/2014 for CG#1 and on June 2014 for CG#2. No current CPR/First Aid training for CG#1 and CG#2. Lapsed on Blood Borne Pathogen due on/before 2/23/2017 and was done on 6/15/2017 for CG#1. BBP not present in the home for CG#2.

Compliance Manager

Primary Care Giver

Date: 7/28/17. Girs. Six.

te: 7/28/17. Girst fingerprint it now kept in the home binder for ever.

41.6) t) CG #2 did box TB Chearance on 6/15/17

41.6) (8) CG #1 did CPR & First aid on 7/31/17

and CG #2 on 7/31/17.

CG#4) Will not laps BBP anymore. CG#6) did BBP training on 2/31/2017.

Frevenation plan 41. bld its)
from now I will was allander for all
the requierments to renewal befor due
date.

Realili L. 354 Ohaa St. Kahulini H. 9673Z